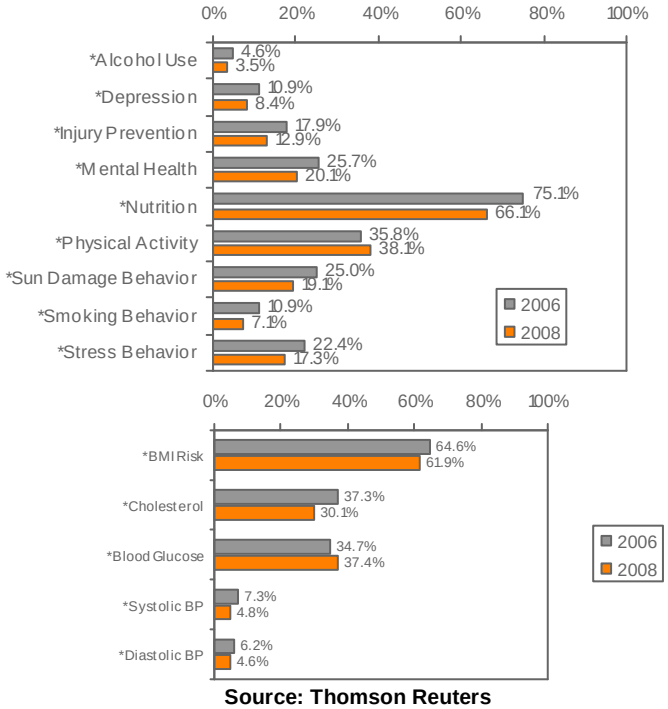
Health Reform Initiative Measurement and Evaluation Dashboard

Four Key Measures

I. Change in Self-Reported Risk Profile

Changes in Modifiable Risks Year-Over-Year

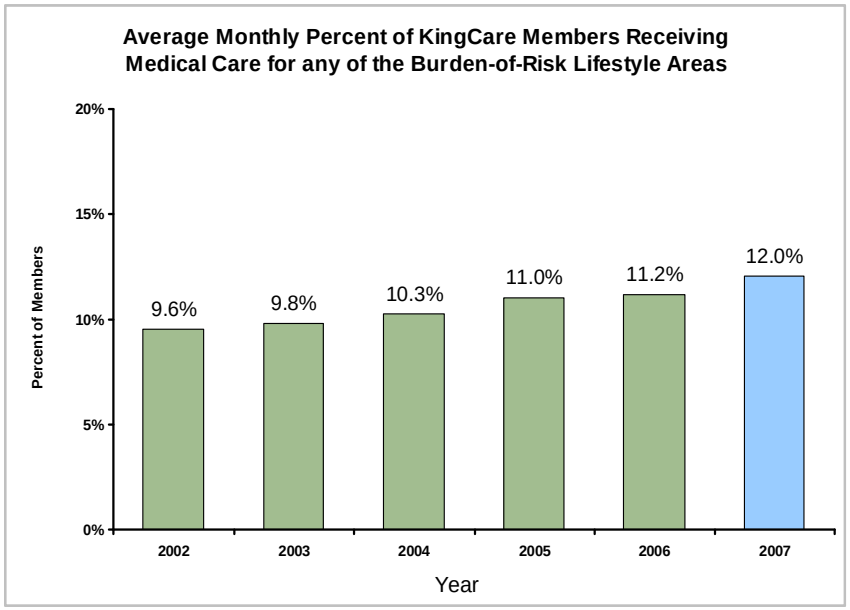


Source: Thomson Reuters

Change in self-reported risk profile: King County employees and their spouses/domestic partners reported significant improvement in 12 of 14 "at-risk" health indicators measured from 2006 – 2008. The measures showing risk reduction were alcohol use, depression, injury prevention, mental health, nutrition, sun damage behavior, tobacco use, stress, weight (Body Mass Index), cholesterol, and systolic and diastolic blood pressure. The two that increased were physical activity and blood glucose. According to Dr. Goetzel these improvements represent "a significant achievement," especially when considering that our aggregate population continues to age.

II. Change in Burden of Risk

Utilization of Health Care for Conditions Affected by Behavior



There has been a slow, small, but steady growth in the number of members who had medical claims for health conditions directly affected by one or more lifestyle factors (*e.g.* lack of exercise, poor nutrition) from 2002 (before the start of the HRI) through 2007. It is not clear as to whether changes in health behavior affected the utilization of health care for conditions directly affected by that behavior. One possible explanation for the increased use of health care starting in 2005 is the introduction of disease management programs to identify members with chronic conditions and encourage them to become active participants in treatment and management of their conditions.

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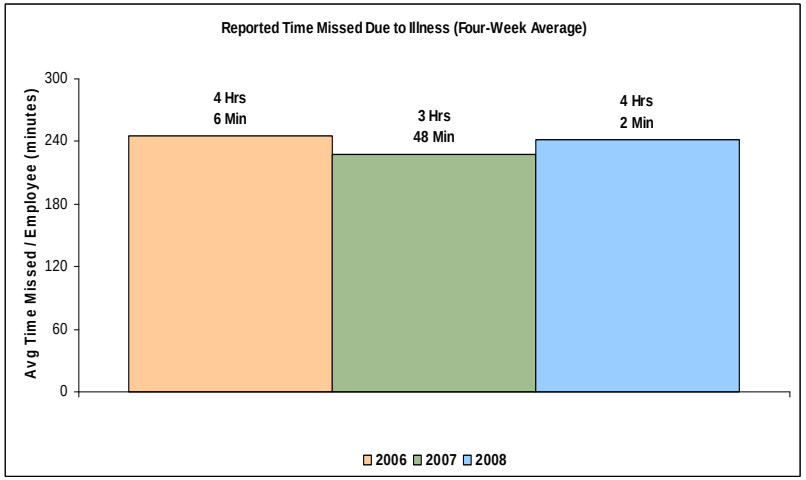
Four Key Measures

II. Change in Healthy Hours Worked

Self-Reported Time Missed Due to Illness in the Past Four Weeks

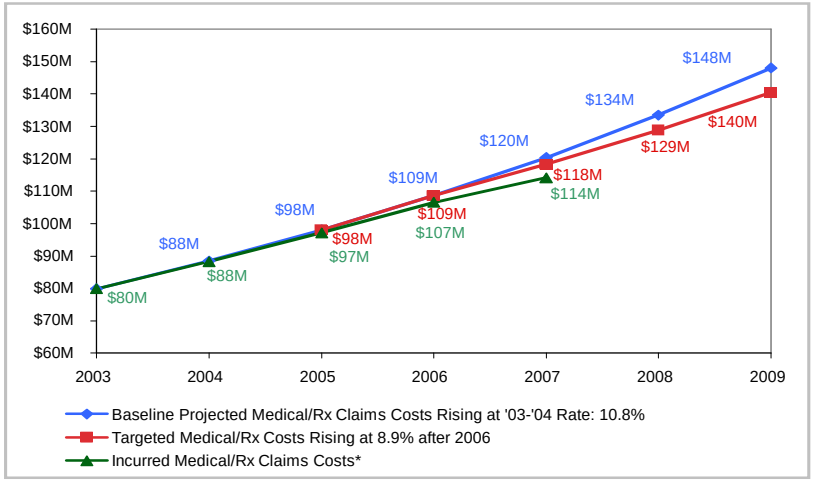


The results from self-reported absenteeism in the past 30 days showed a drop in average number of hours absent from 2006 to 2007, and an increase from 2007 to 2008. The net change from 2006 to 2008 is a small, not statistically significant decrease in time loss. Results from another question about absence in the past 12 months showed an average drop of half a day, which would translate into a sick leave cost savings of $131.94 per employee per year. The HRI will need to wait for another year of data to determine whether there is a positive or negative pattern observed.

IV. Financial Analysis of Costs and Return on Investment

Revised HRI Business Case and Actual Incurred Claims 2003-2007

(Medical/Rx, KingCare[SM], Full-Time, Active Employees and their Dependents)



*Note: 2007 incurred claims are adjusted by a completion factor method for claims that will be reported in coming months.

Year-over-year cost growth for the county for medical and prescription drug claims for 2007 was 6.4 percent, a significant decrease from the over ten percent year-over-year increase seen in 2004 – 2006. One important factor contributing to the lower overall cost growth is a steady increase in the number of members choosing generics over brand name drugs. It is still too early to say whether the 6.4 percent year-over-year cost growth seen in 2007 is a one-time event or the beginning of a moderation in the long term cost trend.